

216006709  
82367

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 070	Agency Case No. B6-012070	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/11/2016		TIME OF ACCIDENT 1800	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1805	02/11/2016					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N ST/ S. 25th			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D	IF AT INTERSECTION			IF NOT AT INTERSECTION						
1	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
02	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN									
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b									
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
E	VEHICLE NO. 1									
2	DRIVER LICENSE NO. G02071401 STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE									
F	DRIVER KIMBERLEE K TURVEY PHONE 805-0835 LOCAL NO.									
V1/N	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY) 01/25/1959									
5	4501 TRANQUILITY DR APT 13, LINCOLN, NE 68504									
V2/N	OWNER KIMBERLEE TURVEY PHONE 8058-0835 LOCAL NO.									
1	OWNER ADDRESS CITY, STATE, ZIP CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO CITATION NO. LB493435									
G	4501 Tranquility #13, Lincoln, NE 68504									
4	LICENSE PLATE PA NO. TZT134 YEAR (Plate Expires) 2016 STATE (Of Plate) NE									
H	VEHICLE 1999 Toyota XLL 4 door Sedan green ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000									
V1/O	VEHICLE ID NO. (VIN) JT2BF28K4X0176304 INSURANCE COMPANY Bristol West Ins.									
1	TOWED TO TOWED BY POLICY NO. G00741021000									
V2/O	1									
I	VEHICLE NO. 2									
1	DRIVER LICENSE NO. H12721640 STATE (Of License) NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE									
V1/P	DRIVER SEHAR A MAJED PHONE 601-8654 LOCAL NO.									
1	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY) 02/01/1966									
V2/P	2827 M ST, LINCOLN, NE 68510									
1	OWNER FLAH AL-HASAI PHONE 601-8654 LOCAL NO.									
J	OWNER ADDRESS CITY, STATE, ZIP CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO CITATION NO. LB493436									
01	2827 M St, Lincoln, NE									
V1/Q	LICENSE PLATE PA NO. TKD804 YEAR (Plate Expires) 2016 STATE (Of Plate) NE									
4	VEHICLE 1999 Honda UEX 4 door Sedan white ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000									
V2/Q	VEHICLE ID NO. (VIN) JHMC65654XC028433 INSURANCE COMPANY Shelter									
K	TOWED TO TOWED BY POLICY NO. 26182724072									
02	25									
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.						

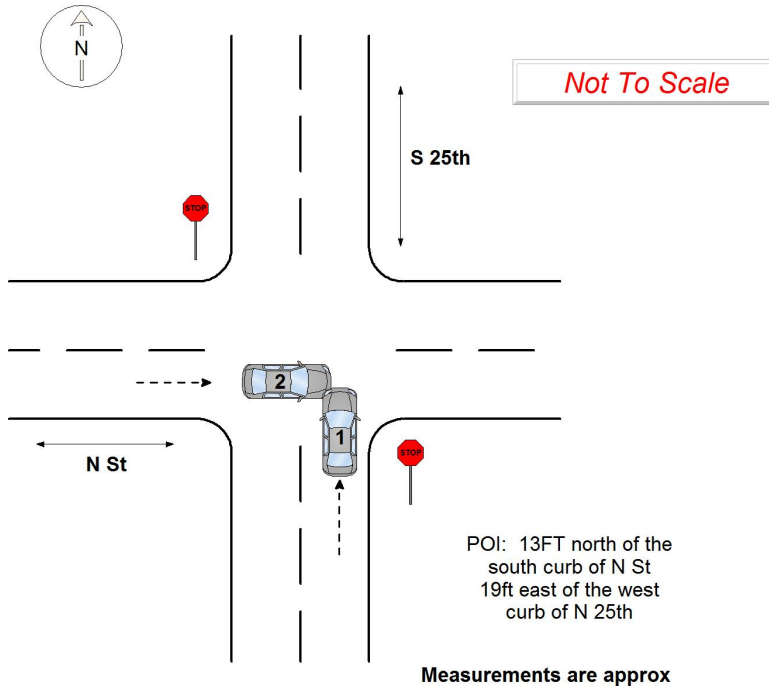
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-012070**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Witness stated she was SB on S 25th and stopped at the stop sign at S 25th/ N St. Witness said she observed Veh 2 EB on N St and veh 1 NB on S 25th. Witness stated she observed veh 1 proceed into the intersection and colliding with veh 2. Driver 1(D1) stated she was NB on S 25th and stopped at the stop sign at the intersection of S 25th and N St. D1 said she proceeded NB into the intersection and collided with veh 2 as she didn't see the veh. Driver 2(D2), with the help of her son and husband translating, stated she was EB on N St and was approaching S 25th. D2 said veh 1 was NB and collided with her veh.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME Angela Zoucha 601 S 31, Lincoln, NE	ADDRESS	PHONE 430-7997		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	2			
1	X				S 25th		POINT OF IMPACT	08	POINT OF IMPACT	02	<div> <div></div> <div>4</div> </div>		<div> <div></div> <div>2</div> </div>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian			
2			X		N St		POINT OF IMPACT	08	POINT OF IMPACT	02	<div> <div></div> <div>4</div> </div>		<div> <div></div> <div>2</div> </div>		ALCOHOL LEVEL TESTED	Y	X	Y	X	Y	X
1	01	06 Turning left				MOST DAMAGED AREA	08	MOST DAMAGED AREA	02	<div> <div></div> <div>4</div> </div>		<div> <div></div> <div>2</div> </div>		BAC LEVEL							
2	01	08 Entering traffic lane				<div> <div></div> <div>4</div> </div>		<div> <div></div> <div>2</div> </div>		<div> <div></div> <div>2</div> </div>		ALCOHOL/ DRUGS SUSPECTED									
01 Essentially straight ahead		09 Leaving traffic lane		00 None		02 03 04		1 Deployed - front		1 None used - vehicle occupant		1 Neither alcohol nor drugs suspected									
02 Backing		10 Parked		09 Top & windows		01 05		2 Deployed - side		2 Lap & shoulder belt used		2 Yes - alcohol suspected									
03 Changing lanes		11 Slowing or stopped in traffic		10 Undercarriage		08 07 06		3 Deployed - both front/side		3 Shoulder belt only used		3 Yes - drugs suspected									
04 Overtaking/ Passing		12 Other		11 Total (all areas)				4 Not deployed		4 Lap belt only used		4 Yes - alcohol & drugs suspected									
05 Turning right		13 Unknown		12 Other				5 Not applicable/ No airbag available		5 Child safety seat used		5 Unknown									
				13 Unknown				6 Unknown		6 Child booster seat used											
										7 DOT approved helmet used											
										8 Costume helmet used											
										9 Restraint use unknown											

OFFICER NO. <b>1583</b>	TROOP/ TEAM/ BEAT <b>CE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Jorge Dimas</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Jorge Dimas</b>	DATE OF REPORT <b>02/11/2016</b>